## POWER OF ATTORNEY
### and
## CORRESPONDENCE ADDRESS INDICATION FORM

| | |
|---|---|
| Application Number | |
| Filing Date | |
| First Named Inventor | Frank Matich |
| Title | FABRICATION OF MULTI-PART SUB-ASSEMBLIES |
| Art Unit | |
| Examiner Name | |
| Attorney Docket Number | |

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

[✔] Practitioners associated with the Customer Number:  **29,689**

**OR**

[ ] Practitioner(s) named below:

| Name | Registration Number |
|---|---|
| | |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

[✔] The address associated with the above-mentioned Customer Number.

**OR**

[ ] The address associated with Customer Number:

**OR**

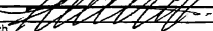| Firm or Individual Name | |
|---|---|
| Address | |
| City | | State | | Zip | |
| Country | |
| Telephone | | Email | |

I am the:

[✔] Applicant/Inventor.

[ ] Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

### SIGNATURE of Applicant or Assignee of Record

| Signature | | Date | 05/17/2006 |
|---|---|---|---|
| Name | Frank Matich | Telephone | |
| Title and Company | DIRECTOR.  ARMACEL Pty GTD | | |

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

[ ] *Total of _____ forms are submitted.